Name in Full William H. Benns

Certificate of Death

Died at Town Churchville County Harford MARYLAND

Date 1899 Month 4 Day 18 Age Y. 25 M. 10 D. 0 Native of Md Occupation Cook on Ocean Steamer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ Wife

Father's Name Lewis Benns Mother's Name Mary Benns

Cause of Death Primary Pulmonary Tuberculosis How long sick Six Mos.

Immediate 22 a ~~Accident, Suicide, Homicide~~

Reported by W. S. Gorsuch M.D.

Address Churchville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Wm. Boyd

Certificate of Death

Died at Town Bel Air County Harford MARYLAND

Date 189 9 Month 4 Day 6 | Age Y. M. D. | Native of | Occupation Barber

Male ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Regis & Intelligencer

Address 4-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70288

Name in Full

Annie Bradford

Certificate of Death

Died at Darlington (Town) Harford (County) MARYLAND

Date 1899 Month 4 Day 28 | Age Y. M. D. | Native of Md | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Benedict Bradford

Father's Name Unknown | Mother's Name Unknown

Cause of Death: Primary Old Age — 141 | How long sick 3 months

Immediate

~~Accident, Suicide, Homicide~~

Reported by W. H. Whitaford — Undertaker

Address Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CHICAGO

Name in Full | Certificate of Death

Mrs Annie E. Brinkman

Died at Darlington (Town) Harford (County) MARYLAND

Date 1899 April (Month) 20 (Day) | Age Y. 33. M. D. | Native of Lancaster Pa | Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife R. Thos. Brinckman

Father's Name Jno Brecker | Mother's Name Catherine Bleacher

Cause of Death: Primary Pulmonary 22a | Immediate Hemorrhages

How long sick Four years

~~Accident, Suicide, Homicide~~

Reported by Jno. Gaffington M.D.

Address Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Thomas M Cathcart

Town: Jarrettsville County: Harford

Died at Jarrettsville Harford MARYLAND

Date 1899 Month: April Day: 17 | Age Y. 50 M. 3 D. | Native of Maryland | Occupation Tracter

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single / ~~Widow~~ / ~~Widower~~ | Divorced | Number of children living 3

Husband of / ~~Wife~~ Mary Ann Cathcart

Father's Name Joseph Cathcart | Mother's Name Jane Cathcart

Cause of Death: Primary Paralysis 44 | How long sick 1 year

Immediate Heart failure | ~~Accident, Suicide, Homicide~~

Reported by Marion L Jarrett

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Evelyn Cummings.

Died at Town: Aberdeen County: Harford MARYLAND

Date 1899 Month	Day	Age Y.	M.	D.	Native of	Occupation
4	30	1	10	15		

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ Wife of

Father's Name: Arthur Cummings | Mother's Name: Lydia Cummings.

Cause of Death — Primary: Measles 5 | How long sick: 8 days

Immediate: Broncho-Pneumonia. | ~~Accident, Suicide, Homicide~~

Reported by: W. B. Rowe M. D.

Address: Aberdeen Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70700

Name In Full: Richard Deaver

Certificate of Death

Died at: Town: Michaelsville County: Harford MARYLAND

Date 189 8 Month: Apr Dey: 4 Age: Y. 77 M. D. Native of: Occupation: Carpenter

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ Divorced / Number of children living: 1

Husband / Wife of: Margret Deaver

Father's Name: Joshua Deaver Mother's Name: Martha Deaver

Cause of Death: Primary: 161 How long sick: 1 week

Immediate: ~~Accident, Suicide, Homicide~~

OVER

OVER

Reported by: Margret Deaver

Address: Michaelsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. S H - Slin

of Perrymans

Seen by Coroner

of

Information contained in this certificate received from Margaret Lewer

of Mitchellville

Name in Full | Certificate of Death

Michael Farrell

Died at Town: Aldino County: Harford MARYLAND

Date 1894 Month 4 Day 18 | Age Y. 68 M. D. | Native of Ireland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband ~~Wife~~ of Catherine Callahan

Father's Name | Mother's Name

Cause of Death: Primary Nephritis 97 | Immediate Uraemia

How long sick: Indefinite

Accident, Suicide, Homicide

Reported by J. L. Hopkins M.D.

Address Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John Hill Jr

Certificate of Death

Died at Town Aberdeen County Harford MARYLAND

Date 1899 Month April Day 31 | Age * M 5 D 16 | Native of Mayland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children ~~living~~

~~Husband~~ ~~Wife~~ of

Father's Name John Hill

Mother's Name Jannie Hill

Cause of Death: Primary Scrofula

Immediate Mingitis

22 ft

How long sick 3 days

Accident, Suicide, Homicide

Reported by J. T. Kinnard

Address Aberdeen Mayland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 55088

Name in Full

Certificate of Death

Florence Viola Hines

Town

County

Died at Havre de Grace Harford Co MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	April 10	Age -	11	-	Cecil Co Md	

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow Widower

Divorced Number of children living

Husband Wife of

Father's Name John B Hines

Mother's Name Laura V Hines

Cause of Death: Primary Bronchitis 71

Immediate Pneumonia

How long sick 6 - 8 days

Accident, Suicide, Homicide

Reported by C C Brothers

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full

Certificate of Death

Alexander Johnson

Died at Town: Federal Hill | County: Harford | MARYLAND

Date 1899 Month: April Day: 26 | Age Y. 1 M. 2 D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced | Number of children living

Husband of
Wife

Father's Name: Joshua Johnson | Mother's Name: Mary J Johnson

Cause of Death: Primary Pneumonia 72 | How long sick 10 Days

Immediate Convulsions

~~Accident~~, Suicide, ~~Homicide~~

Reported by Martin L. Jarrett M.D.

Address [redacted] Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55008

Name In Full | Certificate of Death

George Johnson.

Died at Town Clayton County Harford Co. MARYLAND

Date 1899 Month Apl Day 1 | Age Y. 75 M. D. | Native of Harford Co. | Occupation Farmer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living 2

Husband ~~Wife~~ of Mary Johnson.

Father's Name ——— Mother's Name ———

Cause of Death: Primary 72 | How long sick 2 Weeks.

Immediate Pneumonia | ~~Accident, Suicide, Homicide~~

Reported by Frank Schutz Undertaker

Address Upper Falls Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. M. A. A. Keyser
of Frankinville Dist. Co.

Seen by Coroner _____

of _____

Information contained in this certific[illegible]
ceived from _____

of _____

Name in Full — Certificate of Death

Marie Jones

Died at — Town: Perryman — County: Harford — MARYLAND

Date 189 — Month: April — Day: 30 — Age: Y. 90 M. D. — Native of: Maryland — Occupation: Cook

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living: None

Husband / Wife of: Samuel Jones

Father's Name: Robert Talbot — Mother's Name:

Cause of Death — Primary: 44 — How long sick: 4 Months

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: Chas. C. Hamberger, Undertaker

Address: Perryman Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. A. C. Butler

of Belair

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Vincent Kavanaugh

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month April Day 30 | Age Y. M. D. about 45 | Native of Balto | Occupation Tahoner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife Could not learn

Father's Name

Mother's Name

Cause of Death: Primary ——— 152a

Immediate falling from Bridge

How long sick

Accident, ~~Suicide, Homicide~~

Reported by James Hopper J. P.

Address Havre de Grace Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: David G. McNabb

Certificate of Death

Died at Town: Macton County: Harford MARYLAND

Date 189 9 Month 4 Day 26 Age Y. 80 M. D. Native of Occupation

Male ~~Female~~ White Colored Married ~~Single~~ Widow Widower Divorced Number of children living 4

Husband of Wife

Father's Name

Mother's Name 74

Cause of Death: Primary Congestion of lungs

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Co. News 5-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full John Mansley

Certificate of Death

Died at Town Havre de Grace County Harford MARYLAND

Date 1899 Month April Day 18 | Age Y. 72 M. 9 D. 14 | Native of England | Occupation Merchant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living five

Husband / Wife of Elizabeth Mansley

Father's Name John Mansley

Mother's Name Alice Williamson

Cause of Death: Primary Bright's disease

Immediate Convulsions 97

How long sick About four yrs

Accident, Suicide, Homicide

Reported by R. H. Smith

Address Havre de Grace Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lewis Lafayette Miller

Died at Town Berkley County Harford MARYLAND

Date 1899 Month 4 Day 11 | Age Y. M. D. 18 | Native of Md | Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name John A. Miller Mother's Name Annie M. Miller

Cause of Death Primary 72 How long sick 1 week

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by

Address Darlington Md W. Bond MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full Harriett Prigg

Certificate of Death

Died at Town Berkley County Hurford MARYLAND

Date 1899 Month 4 Day 16 Age Y. 78 M. – D. 25 Native of Md Occupation Housekeeper

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

~~Husband~~ Wife of Haenry Priggs

Father's Name Dont know Mother's Name Dont know

Cause of Death Primary Old Age 141 How long sick

Immediate ~~Accident, Suicide, Homicide~~

Reported by W. H. Whiteford Undertaker

Address Darlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Had no Doctor

Name in Full William Rauer.

Certificate of Death

Died at Town Abingdon County Harford MARYLAND

Date 1899 Month 4 Day 9 | Age Y. 18 M. Mos. D. | Native of Maryland | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Isaac Rauer. Mother's Name Ada Mousdale

Cause of Death: Primary Pneumonia 72 | How long sick 1 week

Immediate Hearth failure | ~~Accident, Suicide, Homicide~~

Reported by [illegible]

Address Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Fredk Regle

Certificate of Death

Died at Town Clayton County Harford Co. MARYLAND

Date 1899. Month Apl. Day 19. Age Y. 62. M. D. Native of Maryland. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of ~~Wife~~

Father's Name —— Mother's Name ——

57

Cause of Death: ~~Primary~~ ~~How long sick~~

Immediate Heart Disease ~~Accident, Suicide, Homicide~~

Reported by Fredk Schutz Undertaker

Address Upper Falls Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Keyser

of Franklintown Balto Co

Seen by Coroner James Brown

of Singer Stanford Co Md

Information contained in this certificate received from

of

Name in Full Mr. Chas. S. Richardson

Certificate of Death

Died at Town near Bel Air County Harford MARYLAND

Date 189 9 Month 4 Day 8 Age Y. 41 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Henry Williams Mother's Name 77

Cause of Death Primary Pulmonary trouble How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Ethalmi Sophia Swift

Certificate of Death

Died at — Town: Deer Creek — County: Harford — MARYLAND

Date 1899 — Month: April — Day: 9 — Age: Y. 54 M. D. — Native of: Harford Co — Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Robert E Swift

Father's Name: Geo W. Hunter — Mother's Name: Mary E Hunter

Cause of Death — Primary: Heart disease Dropsy 57 — How long sick

Immediate: asphyxia — Accident, Suicide, Homicide

Reported by: Bailey & Baldwin

Address: Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Catherine Tahaney — Certificate of Death

Died at Town Belair County Harford MARYLAND

Date 1899 Month April Day 3 | Age Y. 85 M. D. | Native of Ireland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Hugh Tahaney

Father's Name Francis Corrigan | Mother's Name Catherine Lang

Cause of Death — Primary 141 — How long sick 1 week

Immediate Old Age — Accident, Suicide, Homicide

Reported by Chas. E. Homberger Undertaker

Address Benson Md

Must be signed by physician, if any in attendance, oth[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Relatives

of Deceased

Name In Full

Carroll F. Thompson

Certificate of Death

Died at Town: near Perryman, County: Harford Co MARYLAND

Date 1899 Month 4 Day 20 | Age Y. 0 M. 6 D. 13 | Native of Harford Co | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Robt. W. Thompson | Mother's Name Rosa Gray

Cause of Death: Primary Pneumonia (?) 72 | How long sick 2 Mos.

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by Chas. H. Kriete, M.D.

Address Aberdeen, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

Certificate of Death

Cassie Tucker

Died at Town: Mullowsburg County: Harford MARYLAND

Date 189 9 Month: April Day: 6 | Age Y: 89 M: — D: — | Native of: Harford Co. | Occupation: Servant

~~Male~~ Female ~~Widow~~ Colored Married ~~Single~~ Widow Widower Divorced Number of children living

Husband Wife of Joshua Tucker

Father's Name

Mother's Name

Cause of Death: Primary 141 Old age

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by J. S. Poole

Address Dublin Md

Bailey & Baldwin Undertakers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65969

Name In Full Mrs. Gertrude Maude Tucker

Certificate of Death

Died at Town Forest Hill County Harford MARYLAND

Date 189 Month 4 Day 8 | Age Y. 18 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Emory Tucker | Mother's Name 64

Cause of Death: Primary Neuralgia of heart | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 4-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

buried at Centre M. E. Church

Rev. Perry & Isaac

Name in Full

Certificate of Death

Sarah E. Watters

Died at Town Cooptown County Harford MARYLAND

Date 1899 Month April Day 1-12 Age Y. 72 M. 11 D. 27 Native of Maryland Occupation Lady

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower ~~Number of children~~ living

Husband of Wife

Father's Name John Watters Mother's Name Esther Watters

Cause of Death Primary Heart Disease 57 How long sick

Immediate Heart failure ~~Accident, Suicide, Homicide~~

Reported by M. L. Garrett

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Samuel White

Certificate of Death

Diod at Town Havre de Grace County Harford Co MARYLAND

Date 1899 Month April Day 10 Aga Y. 67 M. 5 D. 10 Native of Harford Co Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of Rosetta White

Father's Name Washington White Mother's Name Mary White

Cause of Death Primary Paralysis 44 How long sick about 6, many months

Immediate " Accident, Suicide, Homicide

Reported by A. C. Brothers

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968